

Company:

Duchesne 4-H Teen Council Application

Youth Applicant Information Full Name:____ (As it appears on driver's license or other form of identification) Address: ____ _____ Apt#____ City/State: _____ Zip Code:_____ Home Phone: _____ Youth Cell: _____ Parent Cell: _____ Youth Email Address: Parent Email Address: Years in 4-H: _____ Affiliation – Name of Club (Current) References Please list three professional references (non-relatives). Relationship: Full Name: Company: Full Name: Relationship: Phone: Company: Full Name: Relationship:

Phone:

Previous 4-H Experience

If you have held membership in multiple clubs please list them all. If you have only been a member of one club, leave extra club spaces blank.

If needed you may print multiple of these pages.

Club Name:	Project Area:
Leader Name:	Leader Phone:
Officer Titles Held (if any):	
	i.e. Fundraisers, trainings, competitions, etc.) include year and skills gained:
Member From (year): To:	Is your membership current? (renewed after 09/01/2022):
May we contact your previous club leader for a refe	erence? YES NO
Club Name:	
Leader Name:	Leader Phone:
Officer Titles Held (if any):	
Please list any Club activities you have participated in (i Example: 2021 – Bake Sale Fundraiser: Gained skills	i.e. Fundraisers, trainings, competitions, etc.) include year and skills gained: in baking, money handling, and customer service.
Member From (year): To:	Is your membership current? (renewed after 09/01/2021):

Non 4-H Leadership Experience Organization Name: Your Role: Leader Phone: Leader Name: Club Type (school, sports, city club, etc): Please list any activities you have participated in (i.e. fundraisers, trainings, competitions, etc.) include year and skills gained: Example: 2021 - Soccer games: Gained skills in working as a team, decision making, and dedication. Member From (year): To: Do you currently participate? If you currently participate, when does this organization meet/how often? YES May we contact your organization leader for a reference? Organization Name: Your Role: Leader Name: Leader Phone: Club Type (school, sports, city club, etc): Please list any activities you have participated in (i.e. fundraisers, trainings, competitions, etc.) include year and skills gained: Example: 2021 – Soccer games: Gained skills in working as a team, decision making, and dedication. Member From (year): ______ To:_____ Do you currently participate? If you currently participate, when does this organization meet/how often? YES May we contact your organization leader for a reference?

General Questions

n general, the Duchesne County 4-H Teen Council meets on the first Thursday of the month. To your knowledge, do you have any other obligations that may conflict with these regularly scheduled meetings? If so blease explain:
Meetings may be subject to cancellation or change due to Holidays, emergencies, or at the discretion of the adult advisors/4-H office. Members will be notified of these changes via email.
We understand that our 4-H members may have other obligations and schedule changes that may prevent them from attending every scheduled meeting or activity. In the event that you are unable to attend a meeting or activity, it is your responsibility to notify the Teen Council Advisors via direct email, text, or phone call.
f you are selected as a member of the 2023-2024 Teen Council, do you feel you will be able to attend the majority of the scheduled meetings and activities? YES NO
f you are unable to attend a scheduled meeting or activity, do you certify that you will give adequate notice to the Teen Council Advisors via email, text, or phone call? YES NO
As a member of Teen Council, you will have the opportunity to run for an officer position. Officers will aid in leading Teen Council meetings and helping to facilitate the planning of club activities.
Please indicate which positions you MAY be interested in running for. This does not determine who will be selected for these positions. Officers will be voted on as a club.
President Vice President Secretary
Ambassador(s) Song Leader
Member Statement By 4-H Member and Signature
certify that my answers are true and complete to the best of my knowledge.
If this application leads to membership as a Teen Council for Uintah County 4-H, I understand that false or misleading information in my application or interview may result in a dismissal from Teen Council.
Youth Signature: Date:
APPROVAL OF THIS REPORT
We have reviewed this report and believe it to be correct:
Signed: Date
(Parent or Guardian)
Signed: Date (4-H Coordinator)